

13-04
NEW 04-19416

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

TOWN COUNCIL FEB 7, 2007

TC.

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ENGINEERING RESOURCES GROUP, INC.

BUSINESS STREET ADDRESS: 2625 SW 132 WAY, DAVIE ZIP 33330

BUSINESS MAILING ADDRESS: SAME ZIP

BUSINESS PHONE: 954-888-1775

DESCRIBE TYPE OF BUSINESS: CONSULTING ENGINEERING *Office only*

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>CHRIS ROSS</u>	<u>2625 SW 132 WAY</u>	<u>DAVIE 33330</u>	<u>9544240556</u>
2. <u>LISA JITTAN-ROSS</u>	<u>21</u>	<u>11</u>	<u>11</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2007, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

CHRIS ROSS PRESIDENT Chris Ross
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>1-13-07</u> Category <u>04200</u>		Fee Exempt per Sec. 13-13 <input type="checkbox"/>
License # <u>04-19416</u> Control # <u>15810</u>		Fee <u>92.61</u> Rec# _____
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
Zoning Approval <u>Pat</u> Date <u>1/14/04</u>		Zoning <u>B-1</u>
Town Council Date _____ Approved _____ Denied _____		
Tabled To _____ Approved _____ Denied _____		<u>WALDEN GROVES ESTATES</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL		<u>FOLIO 50-40-23-06-0016</u>
		<u>LOCATER ID-68350</u>

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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